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MONTANA STATE AFL-CIO

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EXHIBIT 2 HUH

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HB 267

January 30, 2009

Testimony of

Jim McGarvey, Executive Secretary, Montana State AFL-CIO

In Support of HB 267

House Human Services Committee

Arlene Becker, Chair

Ms. Chairperson, Members of the Committee; my name is Jim McGarvey. I am the Executive Secretary of the Montana State AFL-CIO. On behalf of the 36,000 members of the Montana AFL-CIO, I ask for your support for House Bill 267 which creates a centralized prescription drug database and monitoring system. This legislation currently exists in twenty nine states. Nine additional states have passed the legislation and will be implementing it this year. The cost of operating the program will be covered by licensure fees so it poses no cost to the general fund.

The Prescription Monitoring Program (PMP) does not allow health care providers or law enforcement to have access to any information they don't already have the right to access. It just houses that information in a more accessible, centralized system.

The Program does also create a source for complete patient information that can be used by prescribers and pharmacists to use in the care of patients. Often patients see more than one doctor. They'll maintain a primary physician but one or more specialists they also see for specific treatments. The centralized system will allow prescribers to view all prescriptions for a given patient, which in many cases is relevant to the care decisions that a prescriber makes. In addition, many patients use multiple pharmacies. Sometimes it's out of location convenience and sometimes because they're traveling when ill, etc. A centralized system will allow the pharmacist to have ALL the information necessary to make good choices with regard to drug interactions, allergies, and intolerances that are too often not reported by the patient at the pharmacy counter when filling a prescription. Patients often don't realize what information is valuable when receiving treatment and/or prescriptions. This program will remove the potential for patient harm by providing all necessary care information in a timely way.

The Program does also create a means for health care providers to evaluate patient compliance with a therapeutic regimen. Too often patients, elderly patients in particular, get confused about their medications and make errors when selecting pills and/or their schedule for taking medications. Illnesses or injuries become exacerbated

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and the doctor is left to determine a course of action to resolve the health concern. By identifying the date a prescription was filled and the prescribed schedule for use, a pharmacist can verify whether a medication was taken properly. This system will allow the doctor to have ready access to this information.

And finally, the Program does help deter prescription drug abuse and diversion. Montana ranks #5 in the United States for illicit use of drugs and 2nd in abuse of prescription pain relievers. Prescription drug abuse is now a bigger problem in Montana than Meth abuse was five years ago.

Pharmacists have an ethical obligation to prevent prescription abuses. However, a pharmacist who encounters a suspected abuser risks legal repercussions if they report such behavior. The federal HIPAA privacy law prevents the release of any medical information. In order to report prescription abuses a pharmacist must release protected information.

For example; a patient picks up a prescription for pain relievers. They are prescribed to take two tablets up to four times daily for ten days; a total of eighty tablets. Pain Relieving medications have 'therapeutic values'. If more tablets are taken than are therapeutically valuable a patient will get no additional pain relief—but may experience a 'high'. If a patient comes in for a refill before the end of the ten days because there are no pills remaining, prescription non-compliance becomes an issue. It is not uncommon for a pharmacist to experience patients who repeat this same cycle over and over again. The nature of pain relievers is that a patient's tolerance will increase and more pain relievers will be necessary. There is a scenario where additional pain relief is needed and a doctor may prescribe a maximum strength and maximum dosage. But there is a line that is crossed when the therapeutic value is exceeded and the pursuit of more medication is no longer for the treatment of pain. In the case of an abuser, the patient's Doctor may stop prescribing or reduce the prescription. Abuser's will often respond by 'shopping' for a doctor that will prescribe more medication. Under the current system only the pharmacist has the clearest view of the patient's pursuit for medication.

In addition, some abusers will have multiple Doctors that each use a different pharmacy. In this case no one health professional can see the patient's behavior and complete usage. For each of these common scenarios; the centralized database system will be able to identify abusers without breaching the HIPAA privacy laws, or putting a healthcare professional in a precarious lose/lose reporting situation.

Healthcare professionals will have the information available to them to effectively tend to the care of their patients; whether it be through the treatment of the original source of pain or the treatment for their abuse of the pain relievers.

For these reasons, I ask you to support this important piece of legislation.